



FACILITY USE APPLICATION

PARKS, RECREATION & FACILITIES ST. LUCIE COUNTY FAIRGROUNDS EQUESTRIAN & EVENT CENTER

Applicant /Organization Name: _____

If Non-profit, please attach proof. If tax exempt, indicate ID Number _____

Address: _____

Authorized Contact Person: _____ Title: _____

Phone: Primary (____) _____ Cell (____) _____ Alternate(____) _____

Email: _____ Fax: _____

Event Name/Description: _____

Requested Event Date(s) _____ Event Begins: ____ ☐ AM ☐ PM Ends: ____ ☐ AM ☐ PM

Requested Load In/Set-Up Date(s): _____ Requested Load Out/Clean Up Date(s): _____

Est. time for Load In/Set-up _____ Hours Estimated time for Load Out/Clean up _____ Hours

Area(s) Requested: _____ See Schedule of Fees and Site Plan

Total No. of Hours Requested, including Load in/Load out _____ Hours Total No. of Staff & Attendees _____

Open to the General Public: ☐ Yes ☐ No Ticket Sales/Admission Fee: ☐ Yes ☐ No Admission Cost: _____

Purpose of Event: Business/For Profit ☐ Personal ☐ Non-Profit/Govt. ☐ Fundraiser ☐ Other ☐ _____

If Fundraiser, indicate Recipient: _____

Food/Drink Served? ☐ Yes ☐ No If Yes, is the event to be catered? ☐ Yes ☐ No

Please note that concessions (drinks, snacks, etc.) are provided exclusively by the St. Lucie County contractor.

Alcohol Served? ☐ Yes ☐ No *Alcohol may be provided exclusively by the St. Lucie County vendor.*

There may additional charges for equipment or set ups listed below.

Requested Set Up: ☐ Arena Flooring (Flooring over Dirt) ☐ Electrical Panels ☐ Jumps ☐ Trails

Equipment Needed? ☐ No If yes, indicate required items below.

☐ Stage (Mobile Sound Stage)

☐ PA system

☐ Portable PA system

☐ Chairs – Interlocking

☐ Tables – 8' Rectangle

☐ Pipe & Drape _____ LF

☐ Trolley

☐ Arena Drag

☐ Bull Panel Set Ups

Items not listed will be the responsibility of the Lessee to provide.

How did you hear about the facility: [] Newsletter/Magazine [] Friend/Family Referral [] Other, please list _____

I understand that use is not reserved until the Signed Agreement with 50% deposit, Certificate of Insurance in name of Organization and naming St. Lucie County as an additional insured, Required Licenses and Permits for vendors, caterers, etc. and Payment in Full is submitted no less than 30 days prior to event.

Signature of Applicant: _____ Date: _____

Signature of Employee Processing Application

Date: _____

APRIL 2012